

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Zirbel	Lauren	Suzanne	808-294-9968
MAILING ADDRESS (Street)			FAX
335 Hahani St., Box 1739			EMAIL
			laurenzirbel@gmail.com
(City)	(State)	(Zip Code)	
Kailua	HI	96734	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
LSZ Consulting			808-294-9968
MAILING ADDRESS (Street)			FAX
335 Hahani St., Box 1739			EMAIL
			laurenzirbel@gmail.com
(City)	(State)	(Zip Code)	
Kailua	HI	96734	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Medical Association		808-536-7702
MAILING ADDRESS (Street)		FAX
1360 South Beretania Street, Suite 200		EMAIL
		info@hmaonline.net
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dr. Christopher Flanders		808-536-7702 ext.110
MAILING ADDRESS (Street)		FAX
1360 South Beretania Street, Suite 200		EMAIL
		clanders@hmaonline.net
(City)	(State)	(Zip Code)
Honolulu	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Lauren Ziehl

(Signature of Lobbyist)

1/2/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Dr. Christopher Flanders

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Executive Director

NAME OF ORGANIZATION (if applicable)

Hawaii Medical Association

TELEPHONE

MAILING ADDRESS (Street)

1360 South Beretania Street, Suite 200

FAX

EMAIL

cflanders@hmaonline.net

(City)

Honolulu

(State)

HI

(Zip Code)

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Michael M.

(Signature of Authorizing Officer or Person Represented)

1/3/13

(Date)